

EFT-1 ST

# State of Arkansas

DEPARTMENT OF FINANCE AND ADMINISTRATION

## Authorization Agreement for Electronic Funds Transfer of Sales and Use Tax

Arkansas Sales Tax/Business Permit Number: \_\_\_\_\_

12 digits (use preceding zeros if necessary)

Check one of the following boxes:

☐ INITIAL FILING OF THE EFT FORM  
OR CHANGE IN PERMIT NUMBER

☐ CHANGE OF BANKING INFORMATION  
OR CHANGE OF CONTACT INFORMATION

OLD PERMIT# \_\_\_\_\_

EFFECTIVE DATE OF CHANGE \_\_\_\_\_

<b>A</b>	<b>C O N T A C T</b>	Name of Business or Organization _____	
		Primary EFT Contact Person _____	Phone (    ) _____
		Address _____	FAX (    ) _____
		City, ST, ZIP _____	
		Email Address _____	
		Signature of officer or owner _____	

### CHOOSE ONLY ONE OF THE TWO PAYMENT OPTIONS BELOW

#### Complete this section only if you choose the ACH DEBIT OPTION

If ACH Debit is chosen, you authorize the Department of Finance and Administration or its agent to present debit entries to your bank for the tax specified above. Only you can initiate a debit by calling the State's Service Bureau and indicating the amount of the tax to be paid by EFT.

Bank Name \_\_\_\_\_

TAX TYPE CODES: ☒ 04100 ☒ 20000 ☒ 04800 ☒ 04201 ☒ 04202

PLEASE PRINT IN BLUE OR BLACK INK.

ROUTING NUMBER (MUST BE 9 DIGITS) \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

☐ Checking ☐ Savings

Printed Name of Bank Representative \_\_\_\_\_

Signature of Bank Representative \_\_\_\_\_

Date \_\_\_\_\_

#### Complete this section only if you choose the ACH CREDIT OPTION

An AUTHORIZED REPRESENTATIVE of your bank must sign this section of the form confirming that you and your bank are capable of initiating ACH Credits in the required CCD+TXP format.

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Printed Name of Bank Representative \_\_\_\_\_

Signature of Bank Representative \_\_\_\_\_

Date \_\_\_\_\_

Complete this form and return to:

Sales Tax EFT Unit, P.O. Box 3566, Little Rock, AR 72203-3566 - Telephone: (501) 682-7105 - FAX (501) 683-4283

**STATE OF ARKANSAS  
SALES AND USE TAX SECTION  
Instructions for Completing the EFT- 1 ST Form**

**PURPOSE:** This Form is to be used for registering to file via EFT, establishing contact personnel, and changing bank information. This information falls under the Arkansas laws of confidentiality and none of this information will be used for any other reason.

**TOP SECTION** Enter your twelve digit Arkansas Business (Sales Tax) Permit Number in the boxes provided. If your permit number is less than 12 digits, add preceding zeros to the front. Check one of the next two boxes. The first box indicates this is your first time to file an EFT-1 ST form or you have a change in your Arkansas Business (Sales Tax) Permit Number. The other box should be checked if you are just changing information.

**PART A - CONTACT**

1. Enter the name of the business as shown on your permit.
2. Enter the name, telephone number, and address of the primary EFT contact person for the business. This person must have knowledge of your EFT program and be able to answer questions, or provide information in case of technical problems.
3. Enter your email address (optional).
4. Signature of owner or officer of the business is required.

**PART B - AUTOMATED CLEARING HOUSE (ACH) DEBIT**

1. Enter your bank's name.
2. Sales and Use Tax type codes have been checked for you.
3. Enter your bank's Routing/Transfer number (must be nine digits).
4. Enter your bank account number.
5. Check the appropriate "Checking" or "Savings" box.
6. Enter the name of your bank representative.
6. Signature of your bank representative and date.

**Note:** Choosing the ACH Debit option authorizes the Department of Finance and Administration or its agent to present debit entries to your bank for payments of your sales tax liabilities.

Before any debit entries are made to your bank account, you must first initiate the debit by calling the state's service bureau at its toll free number and follow the instructions from the instruction card. An information packet with the instruction cards will be mailed to you after you register for EFT purposes.

**PART C - AUTOMATED CLEARING HOUSE (ACH) CREDIT**

1. Enter your bank's name and address.
2. Enter the name of your bank representative.
3. Signature of your bank representative and date.

**Note:** Choosing the ACH Credit option requires you and/or your bank to have the capability of initiating ACH Credits in the CCD+TXP format. An information packet will be mailed to you after you register for EFT purposes.

*If you are changing banks or bank account information, you must re-file this form with the new information at least 10 days prior to your next payment date.*

**BANK CHANGES.**

1. Check the bank changes box.
2. Enter an effective date that you wish for the change to take place.
3. Complete section A
4. Complete section B or C according to your chosen payment method.
5. Fax or mail to the EFT Unit

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